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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. H6808.0051/P051

First Inventor Toshio Hanada

Title CAPILLARY ARRAY AND CAPILLARY ELECTROPHORESIS APPARATUS

Express Mail Label No. \_\_\_\_\_

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 17]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 5]

5. Oath or Declaration [Total Sheets ]

a.  Newly executed (original or copy)

b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)

i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application,  
see 37 CFR 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**  
MS Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- Computer Readable Form (CRF)
- Specification Sequence Listing on:
  - CD-ROM or CD-R (2 copies); or
  - Paper
- Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))

10.  37 CFR 3.73(b) Statement  Power of Attorney (when there is an assignee)

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.

17.  Other: Claim for Priority

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

Customer Number: 24998  Correspondence address below

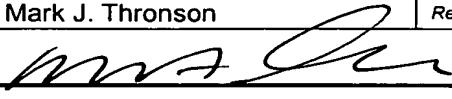
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP		
	Mark J. Thronson		

Address	2101 L Street NW		
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City	Washington	State	DC	Zip Code	20037-1526
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Country	US	Telephone	(202) 785-9700		Fax (202) 887-0689
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Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
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Signature		Date	March 30, 2004
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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **770.00**

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Toshio Hanada
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	H6808.0051/P051

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit Card  Money Order  Other  None

 Deposit Account:

Deposit Account Number **04-1073**

Deposit Account Name **Dickstein Shapiro Morin & Oshinsky LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments

 Charge any additional fee(s) or any underpayment of fee(s)

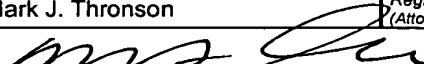
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)** **0.00**

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082	Telephone (202) 775-4742
Signature			Date	March 30, 2004